



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Ernie Fletcher
Governor

275 E. Main Street, 6C-B
Frankfort, KY 40621
(502) 564-6511
Fax: (502) 564-3852
www.chfs.ky.gov

Mark D. Birdwhistell
Secretary

Glenn Jennings
Commissioner

MEMORANDUM

TO: Muhammad Jarrar, Manager
EDS Corporation

THROUGH: John Hoffmann, Assistant Director
Division of Claims Management

THROUGH: Glenn Jennings, Commissioner
Department for Medicaid Services

THROUGH: Carrie Banahan, Deputy Commissioner
Department for Medicaid Services

FROM: EDS

DATE: May 21, 2007

SUBJECT: New CMS 1500 (08/05) Claim Form Usage for Transportation
Provider

Please print the attached provider letter on a single sheet of paper, front and back, and distribute to the following provider types: Emergency Transportation (55) Specialty 16 only and Non-Emergency Transportation (56) Specialty 16 only

Upon notifying DMS when the letter has been mailed, please include the total number of letters mailed to the providers.

Please contact us at 564-4321 should you have any questions.

Attachment

Xc: Ronji Dearborn; Sandeep Kapoor, DMS (electronic version); Kristy Taylor-Standifer, EDS (electronic version); DMS Division
Directors: Holly Chesnut, FH (electronic version); Carl Ishmael, DMS (electronic version); Mary Rhodes, FH (electronic version);
Yvette Winnette, DMS (electronic version)

GJ/CB/amd00255a



CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

Ernie Fletcher
Governor

275 E. Main Street, 6W-A
Frankfort, KY 40621
(502) 564-4321
Fax: (502) 564-0509
www.chfs.ky.gov

Mark D. Birdwhistell
Secretary

Glenn Jennings
Commissioner

May 21, 2007

TO: Emergency Transportation (55) Specialty 16 only provider letter A-45, Non-Emergency Transportation (56) Specialty 16 only provider letter A-12

RE: New CMS 1500 (08/05) Claim Form Usage

Dear *KyHealth Choices* Transportation Provider:

Effective June 1, 2007, *KyHealth Choices* will require claims to be submitted on the new CMS 1500 (08/05) claim form. Please note that this applies to all claims, regardless of the date of service.

Modifiers Now Indicate Pick-up Location and Destination

With the use of the new CMS 1500 (08/05) claim form, Form Locators 19 and 24K will no longer be used to enter the pick-up location or destination. *KyHealth Choices* will accept the two-digit modifiers which are currently recognized by Medicare. You may find a copy of the valid modifiers in the billing instructions at www.kymmis.com.

Note: Modifiers are required on each claim detail line to indicate pick-up location and destination. If modifiers GM, UA, UB or UC are applicable on the claim detail line, they must be shown in the first modifier field, followed by the pick-up location and destination modifiers.

Time of Pick-Up Should be Entered in Form Locator 24E

Form Locator 23 will no longer be used to indicate time of pick up. The time of pick-up should be entered in Form Locator 24E (Shaded Area).

(Please see reverse side)



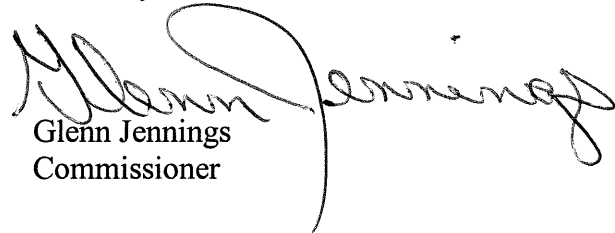
KyHealth Choices Provider

May 21, 2007

Page two

The billing instructions have been updated to include these instructions and are available at www.kymmis.com. If you have any questions, please contact EDS Provider Relations at 1-800-807-1232.

Sincerely,

A handwritten signature in black ink, appearing to read "Glenn Jennings", with a large, sweeping flourish extending to the right.

Glenn Jennings
Commissioner

Xc: Emergency Transportation (55) Specialty 16 only provider letter A-45, Non-Emergency Transportation (56) Specialty 16 only provider letter A-12

GJ/CB/amd00255